

FEE TRANSMITTAL

MAIL STOP RCE



Total Amount Of Payment (\$ 1190.00)

Complete If Known	
Application No.	09/586,571
Filing Date	June 2, 2000
First Named Inventor	Mark A. Webster et al.
Examiner Name	Roberta A. Stevens
Group Art Unit	2665
Attorney Docket No.	56162.000547

METHOD OF PAYMENT (check one)

1. The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP.

2. Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. **BASIC FILING FEE** Large Entity Small EntityFee Paid

Utility Filing Fee	\$
Design Filing Fee	\$
Plant Filing Fee	\$
Reissue Filing Fee	\$
Provisional Filing Fee	\$

3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input checked="" type="checkbox"/> Two (2) Month Extension of Time	\$ 420.00
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input checked="" type="checkbox"/> Other (specify) Request for Continued Examination	\$ 770.00

2. EXTRA CLAIMS FEES

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS				x \$ 18.00	x \$ 9.00	
INDEPENDENT CLAIMS				x \$ 86.00	x \$ 43.00	
MULTIPLE DEPENDENT CLAIMS				\$ 290.00	\$ 145.00	\$ 0.00
TOTAL EXTRA CLAIMS FEES						

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Phillip D. Mancini
Christopher C. CampbellRegistration No. 46,743
37,291

Signature

Date Monday, August 30, 2004

RECEIVED

SEP 02 2004

Technology Center 2600